



## Qualifications of Fireworks/Pyrotechnics Assistants

Please Type or Print In Ink to Fill Out This Form  
Fill Out a Form for Each Assistant

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security Number: \_\_\_\_\_

List of most current previous shows:

1. \_\_\_\_\_ Date: \_\_\_\_\_

2. \_\_\_\_\_ Date: \_\_\_\_\_

3. \_\_\_\_\_ Date: \_\_\_\_\_

4. \_\_\_\_\_ Date: \_\_\_\_\_

5. \_\_\_\_\_ Date: \_\_\_\_\_

Please list below any injuries and amounts of any property damages and location of show that may have occurred at any previous shows:

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I hereby certify that the above information to be correct ant true to the best of my knowledge.\

Signature of Operator: \_\_\_\_\_